

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			06/06/01
O.I.P.E. CLASSIFIER	GW	32	7/13
FORMALITY REVIEW	AM	917	08-23-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	12	9/3/02
2	✓	02	02/03/04
3	✓	02	02/03/04
4	✓	02	02/03/04
5	✓	02	02/03/04
6	✓	02	02/03/04
7	✓	02	02/03/04
8	✓	02	02/03/04
9	✓	02	02/03/04
10	✓	02	02/03/04
11	✓	02	02/03/04
12	✓	02	02/03/04
13	✓	02	02/03/04
14	✓	02	02/03/04
15	✓	02	02/03/04
16	✓	02	02/03/04
17	✓	02	02/03/04
18	✓	02	02/03/04
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25	✓	02	02/03/04
26	✓	02	02/03/04
27	✓	02	02/03/04
28	✓	02	02/03/04
29	✓	02	02/03/04
30	✓	02	02/03/04
31	✓	02	02/03/04
32	✓	02	02/03/04
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42	✓	02	02/03/04
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45	✓	02	02/03/04
46	✓	02	02/03/04
47	✓	02	02/03/04
48	✓	02	02/03/04
49	✓	02	02/03/04
50	✓	02	02/03/04

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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